

706 ARENDELL STREET MOREHEAD CITY, NC 28557 TEL (252)726-6848 ext 125 FAX (252) 726-2267

## RESIDENTIAL APPLICATION FOR BUILDING PERMIT

You will need to submit a completed and signed application form along with the following information: 1. Two sets of building plans and specifications to show materials and method of construction including: foundation detail footings and slab sizes wall section detail lumber span length
heating & cooling layout dimensions of lumber electrical layout plumbing layout insulation values any other information you can supply to describe your construction methods clearly 2. A site plan or survey (drawn to scale), indicating placement of proposed new construction and all other existing structures located on the lot (to include, but not limited to, fireplaces, steps, condensing units, etc.) must be attached and include the following: show all property lines with dimensions show proposed structure with dimensions label distance to all property lines from label road front, rear, and sides existing and proposed structures location of driveway/access show easements, if applicable septic tank/drain lines, if applicable The site has to be checked for zoning (setbacks and maximum lot coverage). Indicate the current location of electric meter and any overhead electric lines. 4. A copy of well permit and septic tank permit or a Development Application, if applicable. 5. CAMA permit, if applicable. 6. Brandywine Bay Homeowners Association approval, if applicable. Downtown Morehead City Revitalization Association review, if located east of 14<sup>th</sup> Street. They can be contacted at 808-0440, 1001 Arendell Street. \* Failure to provide ALL of the above-required information will result in the return of the application. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

The application must be left with the secretary and will be reviewed by the Inspectors. If all required information is received, residential building permits *generally* take 3 to 5 business days to issue.

You will be contacted when the permit is ready for pick-up.



## TOWN OF MOREHEAD CITY, N.C. RESIDENTIAL APPLICATION FOR BUILDING PERMIT

| Date:                      |   |                    |
|----------------------------|---|--------------------|
| Owner:                     |   |                    |
|                            | (Name)  | (Work Phone)       |
|                            | (Mailing Address, City, State, Zip)   | (Home Phone)       |
| Construction Site Address: |   |                    |
| General:                   |   |                    |
|                            | (Contractor Name)   | (Phone)            |
|                            | (Mailing Address, City, State, Zip)  Town of Morehead City Privilege License [ ] yes [ ] no [ ] n/a | (License # or N/A) |
| Electrical:                | (Contractor Name)   | (Phone)            |
|                            | (Mailing Address, City, State, Zip)  Town of Morehead City Privilege License [ ] yes [ ] no [ ] n/a | (License # or N/A) |
| Plumbing:                  | (Contractor Name)   | (Phone)            |
|                            | (Mailing Address, City, State, Zip)  Town of Morehead City Privilege License [] yes [] no [] n/a    | (License # or N/A) |
| Water Treatme              | ent:  |                    |
| (Softener)                 | (Contractor Name)   | (Phone)            |
|                            | (Mailing Address, City, State, Zip)  Town of Morehead City Privilege License [ ] yes [ ] no [ ] n/a | (License # or N/A) |
| Mechanical:                | (Contractor Name)   | (Phone)            |
|                            | (Mailing Address, City, State, Zip)  Town of Morehead City Privilege License [] yes [] no [] n/a    | (License # or N/A) |
| Fuel Piping:               |   |                    |
| (Natural Gas)              | (Contractor Name)   | (Phone)            |
| Town                       | (Mailing Address, City, State, Zip) of Morehead City Privilege License [] yes [] no [] n/a          | (License # or N/A) |
| Insulation:                | (Contractor Name)   | (Phone)            |
|                            | (Mailing Address, City, State, Zip)  Town of Morehead City Privilege License [] yes [] no [] n/a    | (License # or N/A) |

## RESIDENTIAL APPLICATION FOR BUILDING PERMIT

| 1) Explanation of Consti  | ruction:              |                           |                           |                                 |                         |  |
|---|-----------------------|---------------------------|---------------------------|---------------------------------|-------------------------|--|
| 2) If Construction is: Re   | enovation:            | Repair:                   | Total \$ Value of         | Total \$ Value of Construction: |                         |  |
| Work will include: B  | uilding:              | Electrical:               | Plumbing:                 | _ Mechan                        | ical:                   |  |
|   | s:                    | Height (from aver         | : Total \$ Varage grade): |                                 | truction:               |  |
| Square Footage 1 Heated area: 1s  |                       | ,                         | Accessory Areas:          | Garage                          | sf                      |  |
|   |                       | sf                        | recessory rucus.          |                                 | sf                      |  |
|   | her                   | sf                        |                           |                                 | sf                      |  |
| Total heat  | ed area:              | sf                        |                           | Deck                            | sf                      |  |
|   |                       |                           |                           |                                 | sf                      |  |
|   |                       |                           | Other                     |                                 |                         |  |
|   |                       |                           | Total accessory area      | ı:                              | sf                      |  |
| 4) No. of Bedrooms:   |                       |                           | No. of Bathrooms:         |                                 |                         |  |
| Foundation Type:5) Copy of septic tank po   | ermit is at           | tached: or sentic ta      | nk nermit no              | t applicable                    |                         |  |
| c) copy of septic turns p   | <u> </u>              | audica, or septic to      | iiii p <b>e</b> riiii iio | с аррисаетс.                    |                         |  |
| 6) Water line size from 1   | neter:                | Sew                       | ver line size:            |                                 |                         |  |
| 7) Height of building (fr<br>I hereby certify that all inform<br>applicable State and local law<br>approved plans and specification | nation in this applic | eation is correct and all | work will comply with     | the State Buil                  | ding Code and all other |  |
| Date  | ( 8 8 )               |                           | ,                         | (Printed Name)                  |                         |  |
|   | <u>B</u>              | elow to be comple         | ted by Staff:             |                                 |                         |  |
| Tax Parcel #  |                       | Zoning District           | City limits               | : Inside                        | _ Outside               |  |
| Setbacks: front side  | e rear                | _ corner lot (yes/no      | ) Any encroachn           | nents in setba                  | ek                      |  |
| Maximum lot coverage allowed  |                       |                           | Lot size:                 | Lot size:                       |                         |  |
| Lot coverage after this perr  | nit issued            |                           | Flood Zone:               |                                 |                         |  |
| CAMA required (yes/no) I  | Flood Map Par         | Flood Map Panel #:        |                           |                                 |                         |  |
| Brandywine Homeowner A  | DMCRA appro           | DMCRA approval:           |                           |                                 |                         |  |
| Zoning Official Signature:  | Date:                 | Date:                     |                           |                                 |                         |  |

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## $\frac{\textbf{AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE}}{\textbf{N.C.G.S. 87} - 14}$

| The undersigned applicant for a Building Permit, being the  |
|---|
| Contractor (PRINTED NAME)   |
| Owner (PRINTED NAME)  |
| Officer/ Agent of the Contractor or Owner (PRINTED NAME)  |
| do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:   |
| has / have three (3) or more employees and have obtained workers' compensation insurance to cover them,   |
| has / have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,  |
| has / have one or more subcontractor(s) who has / have their own policy of workers' compensation covering themselves,   |
| has / have not more than two (2) employees and no subcontractors,   |
| while working on this project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at an time during the permitted work from any person, firm, or corporation carrying out the work. |
| Firm Name:  |
| By:   |
| Title:  |
| Date:   |

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